



CITY OF SANTA CLARA
Building Inspection Division
1500 Warburton Avenue
Santa Clara, CA 95050

Division Phone: (408) 615-2440
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Permit Center Phone: (408) 615-2420
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Request for Exemption from Accessibility Compliance due to Unreasonable Hardship

Building Permit No. _____

Project Description: _____

Project Address: _____

Owner/Applicant: _____

Telephone: _____

Signature: _____

Date: _____

- | | |
|--|----------|
| 1. Cost of proposed project | \$ _____ |
| 2. Total amount spent on other projects at this facility within the past three years | \$ _____ |
| 3. Total cost (1 + 2) | \$ _____ |

If (3) exceeds the valuation threshold of \$119,950, then full compliance is required.

If (3) is less than the valuation threshold of \$119,950, then 20 percent x (1) = \$_____ is the minimum required for accessibility compliance.

| Accessibility Elements: | Cost of Providing Accessibility for this Permit (Dollars) | Cost Proposed (Dollars) | Elements(s) Request to be Waived | Equivalent Facilitation Provided |
|--|---|-------------------------|----------------------------------|----------------------------------|
| 1. Accessible entrance (Including parking) | | | | |
| 2. Access: Path to altered area | | | | |
| 3 Accessible sanitary facilities | | | | |
| 4. Accessible drinking fountains | | | | |
| 5. Accessible public telephone | | | | |
| 6. Others (ramp, handrail, etc.) | | | | |
| Total cost of access elements | | | | |

Applicant's Statement of Impact on the financial feasibility of the project by providing full access compliance:

Your request for exemption from accessibility compliance due to unreasonable hardship is:

_____ Not Approved

_____ Approved for the following elements:

Note: The determination of an unreasonable hardship exception by this office does not allow for blanket exception from CCR Title 24 access requirements

Building Official

Date